

Barchester Healthcare Homes Limited

Marnel Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Marnel Lodge is a residential care home providing personal and nursing care to 61 people aged 65 and over at the time of the inspection. The majority of people were living with a form of dementia. The service can support up to 62 people.

The care home accommodates people in one adapted building over two floors. The upper floor specialises in providing care to people living with more advanced dementia.

People's experience of using this service and what we found

People and relatives told us the service was safe. One person told us, "I know I am safe, the staff know what they are doing and look after me very well." Staff understood signs of possible abuse and how to raise concerns. Risks to people were assessed and known by staff. People were supported by staff who had undergone appropriate recruitment checks. Medicines were administered appropriately. Incidents and accidents were thoroughly investigated.

People experienced good outcomes because staff were well trained and involved the appropriate healthcare professionals. The service was following current best practice guidance. Staff experienced effective support including an induction, ongoing supervision and appraisal. This enabled them to provide good quality, effective care. People's hydration and nutritional needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager and staff provided caring and compassionate support to people.

People were encouraged to remain as mobile and independent in their daily lives as possible. People and relatives confirmed to us that they were always treated with dignity and respect.

People's needs were holistically assessed and met by the care provided. People were treated equally and without discrimination. A variety of activities were available for people to participate in and people were supported to continue activities that were meaningful to them. The registered manager had created different themed areas in the service for people to enjoy. Complaints were well managed and responded to appropriately. End of life care was provided effectively and compassionately.

The service was well-led. The registered manager and staff promoted a positive, open and honest culture within the service and understood their regulatory responsibilities. People and relatives were appropriately involved in the service. There were appropriate systems in place to monitor and improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 5 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Marnel Lodge Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by an inspector, an inspection manager, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Marnel Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service, nine relatives and two healthcare professionals about their experience of the care provided. We spoke with 13 members of staff including the registered manager, deputy manager, regional manager, chef, nurses and care staff.

Some people were unable to speak to us about their experience of the service, therefore we observed their experience and the care they received in communal areas. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We reviewed further information sent to us by the registered manager.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the service was safe. One person told us, "I know I am safe, the staff know what they are doing and look after me very well."
- Staff had received training in safeguarding and understood the signs and types of abuse. They were confident in how to raise concerns to appropriate people or authorities.
- The registered manager understood their responsibilities related to safeguarding and had taken appropriate action where any concerns were received, including involving the local authority.

Assessing risk, safety monitoring and management

- Robust risk assessments were in place and were specific to people's needs. For example, care records included information about risks related to mobility, skin integrity and smoking. These included appropriate information on how to mitigate those risks.
- Risks to people in the event of an emergency had been assessed and there were robust management plans in place. For example, personal emergency evacuation plans were in place to describe the support people would need in the event of an emergency. These reflected people's individual needs.
- The provider had carried out relevant health and safety checks on the building. Issues with the building were highlighted to the maintenance staff who actioned them appropriately.

Staffing and recruitment

- There were sufficient numbers of staff available to support people safely. One person told us, "I know the staff are always around to keep me safe." One relative told us, "When my loved one moved in, I asked if a member of staff could be in the lounge when my loved one is in there. I visit every day and have always found a member of staff in the lounge when my loved one is in there. I could not ask for more."
- The provider had robust recruitment processes to ensure only suitable staff were employed. Relevant pre-employment checks were completed to ensure staff's suitability for their role.

Using medicines safely

- Medicines were ordered, stored, administered and disposed of appropriately. We observed people receiving their medicines safely.
- Medicine administration records were completed effectively. Appropriate protocols were in place when people received medicines 'as required'.

Preventing and controlling infection

- Staff understood their responsibilities in preventing the spread of infection. We observed staff to wear

personal protective equipment such as gloves and aprons appropriately. One person told us, "They keep the home and my room very tidy." We observed the home to be clean and tidy throughout the inspection.

Learning lessons when things go wrong

- Incidents and accidents were thoroughly investigated and robustly acted upon by the registered manager and deputy manager. For example, the registered manager noted that the high use of sensor mats within the service were putting people at an increased risk of tripping and falling over them. Therefore, the registered manager replaced them with sensor beams that did not present a trip hazard, where appropriate. Risks to people were also thoroughly reviewed following falls.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were holistically assessed. The service followed current best practice guidance, for example, in providing appropriate end of life care and caring for areas of skin breakdown.
- People were supported in an effective way by staff which enabled them to achieve positive outcomes and quality of life. For example, one person had severe wounds that the service successfully managed without requiring input from other services or healthcare professionals. This demonstrated the clinical knowledge in the service was good.
- The deputy manager had co-authored an article about long-term conditions and end of life care for the International Journal of Palliative Nursing in 2018. This demonstrated the service was following and contributing to current best practice guidance.
- People with other healthcare needs were appropriately supported, for example people living with Diabetes.

Staff support: induction, training, skills and experience

- Staff received training in a variety of subjects appropriate to their duties. All staff members had received training in caring for people living with dementia. Many staff had then completed further training in dementia care through a specific program developed and accredited by the provider. Staff told us the training provided met their needs. Staff were also encouraged to undertake vocational qualifications. An external healthcare professional told us, "The staff here have been really well trained".
- We received positive feedback from people and relatives about the skills of staff. One person told us, "The staff are very knowledgeable and know what they are doing and the way I like things done." One relative told us, "We cannot fault the staff; they are very skilled, and I could not ask for better." We received positive feedback about the deputy manager who provided effective clinical support to staff.
- Staff had a comprehensive four-day induction at the start of their employment and then regular supervision and support in their role. The registered manager told us, "Staff used to think supervision was bad but now they think it is positive, I quite like doing [supervision] because then I know [staff] well". Staff told us they found supervision constructive and positive for their development.

Supporting people to eat and drink enough to maintain a balanced diet

- People had choices for meals and enough to eat and drink. People were able to have input into the menu choices at residents' meetings. People received a healthy, balanced diet.
- The service held weekly themed food nights where people had the option to enjoy different cuisines for example, Chinese or Indian food.
- When required, people received specialist diets to support their nutritional needs. For example, where

people required different textured diets to reduce their risk of choking or high calorie diets if they were low in weight or at risk of weight loss. One relative told us, "When my loved one first arrived they weighed five stone and I was very worried, I have recently had to go and buy bigger size clothes and I could not be happier about it. I cannot find any fault with the home."

Adapting service, design, decoration to meet people's needs

- The registered manager had made many improvements to the decoration of the home and there were plans to continue improving this throughout the home. Redecoration was carried out with the needs of people living with dementia in mind. This included areas for reminiscence activities and different sections of the home being decorated with different colours to help people recognise where in the service they were.
- Where appropriate, people's pictures and names were visible on their bedroom doors to help orientate them to their bedroom. Bathroom doors were a different colour to also help people find their way to the bathroom.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff made appropriate referrals to various healthcare professionals including: community psychiatric nurses, dieticians and speech and language therapists. The service worked well with visiting doctors.
- An external healthcare professional told us staff raised concerns to them effectively and, "The communication [with them] is great."
- People were supported to maintain good oral health. This included assessment of oral health, regular oral care and referral to dentists when required.
- One relative told us that they and their family felt very well supported by staff during their loved one's transition into the service.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA and staff understood how to support people who lacked capacity to make decisions. Mental capacity assessments and best interest decisions were in place including specific decisions, for example the administration of medicines, vaccinations or the use of bedrails. These decisions involved other people such as healthcare professionals, relatives and advocates as appropriate.
- The service had made DoLS applications as required and monitored them to ensure applications were made for them to be reviewed when needed.
- We observed staff to seek people's consent before assisting them. One person told us, "The staff always

ask me before they help me."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were caring. One person told us, "The staff are lovely. They are very caring and polite, I could not ask for more." One relative told us, "There isn't one member of staff that I wouldn't want to look after me." We observed staff to provide kind and compassionate support to people during the inspection. We noted staff were skilled in supporting people living with dementia and understanding their needs and wishes.
- People and relatives told us people were cared for well and not rushed. One relative told us, "The staff never rush my loved one, if they are not ready to get out of bed in the morning, it is not an issue, they come back later when they are ready."
- Staff told us the registered manager was caring towards people and we observed very caring support for people from the registered manager during the inspection. One staff member told us, "[Registered manager] has been very kind to residents."
- People's birthdays and special occasions were celebrated. We noted that there were 'happy birthday' decorations on one person's bedroom door.

Supporting people to express their views and be involved in making decisions about their care

- People and families were involved in decisions about the care provided as much as possible. One relative told us, "We all get together once a year and my loved one and I have the opportunity to discuss any changes."
- People were involved in day to day decision making for example, what people would like to wear. One staff member told us they "Ask them what they would like to wear, don't make the decision for them all the time."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to remain as independent as possible. One person told us, "I am encouraged to do the things I can do and helped with the things I find difficult." People were also encouraged to maintain and improve their mobility. One relative told us, "When my loved one first came here they were not able to walk further than a couple of steps, now they can get around the home and access the activities."
- People were given equipment to enable them to be as independent as possible, for example plate guards supported one person to eat independently.
- We observed people to be treated with dignity and respect, people and relatives also told us they were treated respectfully. One person told us, "The staff always knock on my door and ask if they can come in."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager and staff knew people well. This enabled them to provide support that met people's needs. Appropriate pre-assessments were in place that demonstrated people's needs were assessed prior to living in the home.
- People had comprehensive and person-centred care records. Information included their personal history, needs, preferences and any risks to their health and wellbeing. For example, people with risks associated with mobilising had detailed moving and handling plans.
- People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 which included age, disability, gender, marital status, race, religion and sexual orientation. For example, one person was supported to practice their faith. Another person did not celebrate certain religious festivals therefore staff were sensitive when putting up celebratory decorations in the part of the home where they lived.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service provided support to people with communication needs. For example, some menus included a description and picture of the meals people could choose from. Staff supported one person to use a communication board. Information was available in different formats for people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service had a range of activities available for people to enjoy for example, games and flower arranging. Activities also included trips out when the weather permitted. We observed people doing arts and crafts and exercise activities during the inspection. We also observed group and one to one activity took place. One person told us, "I know what activities are on and can chose if I want to take part".
- People were supported to continue with activities that were meaningful to them as much as possible. For example, one person who enjoyed gardening maintained a large part of the garden and this was important to them.
- The variety of activities enabled people with different needs associated with dementia to have access to activities that suited them. Reminiscence activities were available for people to interact with. These are activities that trigger memories for people living with dementia which helps them to engage with the

activity. There were also interactive activities available for example, a magic table and interactive dog.

- The registered manager was working to create different areas within the home that people could enjoy. For example, they had already opened a terrace garden on the first floor for people to access and during the inspection they completed a cinema and bar. They were planning to open a winter garden that people could access all year round.
- The registered manager had also introduced some clubs for people to engage with as opportunities to socialise. They had plans to introduce more clubs for people to enjoy.
- Many of the changes to the areas in the home and interactive activities were recent at the time of the inspection. Therefore, further assessment was needed to assess how significant the impact they had on people was. However, the work that had been completed demonstrated a commitment from the service to try new things to improve people's quality of life.

Improving care quality in response to complaints or concerns

- People and relatives felt comfortable to approach the service and registered manager with any concerns and complaints. One person told us, "I know who to talk to, but I haven't had any reason to complain. It is so nice here." One family member told us, "If ever I have any issues, they are sorted immediately." Complaints raised had been appropriately managed in a timely manner.

End of life care and support

- The service was supporting people receiving end of life care at the time of the inspection. People were supported appropriately, and their symptoms were closely monitored to ensure people remained comfortable. Staff followed the Six Steps Programme which aims to enhance end of life care, providing high quality support.
- The deputy manager had co-authored an article published in the International Journal of Palliative Medicine in 2018 about long-term health conditions and end of life care. This article described one person who with very effective support from the service had improved overall health, no longer required end of life care and was able to be discharged home.
- Relatives and staff were well supported when people passed away. One staff member told us, "We always try and go to the funeral." The service held an annual memorial service where relatives of people who had passed away were invited back to celebrate the lives of their loved ones. The service had a 'memory tree' where the names of people who had passed away were displayed to remember them.
- Relatives were well supported with meals and an offer to stay overnight if possible. Staff respected people's wishes and supported relatives and friends to be there at the end of their lives. If this was not possible, staff ensured people were not alone when they passed away.
- We received positive feedback about the end of life care being provided from an external healthcare professional.
- Care records included information on people's preferences for support at the end of their life should their health deteriorate.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback from staff about the registered manager, comments included; "I think he's brilliant", "He's already come in and acted as part of the family and treated me as a person" and "With [registered manager] it is just brilliant, he is a really good manager".
- The registered manager told us they wanted to inspire and empower staff. They created a positive culture and worked proactively to make improvements in the service. They also valued staff and recognised their achievements.
- We received positive feedback about the registered manager from external healthcare professionals for example one professional told us, "I think he's been brilliant, he's always hands on, his door always seems to be open."
- Staff told us the registered manager was approachable and they felt more at ease to discuss any issues with them than they had done previously. One staff member told us, "I'm definitely not afraid to go into the office to express concerns anymore."
- Staff enjoyed working in the service. One staff member told us, "I love it, I think it's a fantastic home, all the staff are lovely." The staff team worked well together and staff told us there was no bullying or harassment.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to always be open and honest with people and their relatives. When things had gone wrong they communicated what would be done to resolve the situation and prevent it from happening again.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Multiple staff meetings took place to share information about people's needs and ensure staff were up to date with any changes or concerns. This included team meetings and separate meetings to discuss health and safety, infection control, people's medical needs and people's needs related to living with dementia.
- The registered manager understood their regulatory responsibilities. Registered persons must notify CQC without delay of certain types of incidents for example abuse or allegations of abuse. The service had notified us of any relevant incidents or concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- Two people living at Marnel Lodge were ambassadors for the home. This meant they represented the views of people living there at meetings. They were also involved in the employment of new staff by sitting on interview panels with the registered manager and other senior staff.
- Resident's and relative's meetings were held to seek feedback about the service and what improvements people and relatives would like to see.
- Relatives were supported by the registered manager and staff. One relative told us, "My loved one is the first person I have known with dementia and I found it very distressing. The manager has helped me understand more and now I am a lot happier. The manager is brilliant."
- People and relatives were involved in events to create a positive culture within the service for example, people and relatives buried a time capsule in the front garden containing things that were meaningful to them.

Continuous learning and improving care

- The registered manager completed various monthly audits to monitor and improve the service including: incidents and accidents, skin breakdown, nutrition, safeguarding and documentation. The regional manager and provider carried out visits to the service to assess the quality of care provided on a monthly and quarterly basis respectfully.
- The registered manager had plans to further improve the dementia friendly aspects of the service. For example, they were planning to make a sensory garden for people to access on the upper floor of the home.
- The registered manager told us they were in regular communication with the regional manager and felt well supported by them.

Working in partnership with others

- The service was engaged with some charitable events for example, charity fundraising coffee mornings.
- The service had good relationships with external healthcare professionals.